

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003493
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1002

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u>		c. CITY OR TOWN <u>ST. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DRACONESS HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>2945 MILTON BLVD</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Gussie J. GERHARDT</u>		4. DATE OF DEATH Month Day Year <u>JAN 29 1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 4, 1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SECRETARY</u>		11. BIRTHPLACE (City and state or country) <u>Mo.</u>	
13a. FATHER'S NAME <u>ADOLPH GERHARDT</u>		13b. MOTHER'S MAIDEN NAME <u>GUNTHER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no; or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>EMMA GERHARDT 2945 MILTON BLVD</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
DUE TO (b) <u>Arteriolar nephrosclerosis</u>		<u>1 year</u>	
DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>5 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic cardiovascular disease with/</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>11-8-53</u> to <u>1-29-63</u> and last saw her alive on <u>1-29-63</u>		Death occurred at <u>7 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>John J. Smith</u> M.D.		22b. ADDRESS <u>634 N. Grand Blvd.</u>	
22c. DATE SIGNED <u>1-30-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>JAN 31, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>ST. Louis Co Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Thomas Lutus 2906 Grand</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 30 1963</u>	
		26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eleana Province

Licensed Embalmer No.

3403

P. O. Address

2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Dr. J. J. Roth Mo Shattuck City - 2-4 Med.
will sign JS 3-7469*